

Determining The Status of Infant/Toddler Development In Relation To The Three Office of Special Education Programs (OSEP) Outcomes



Infant & Toddler Connection of Virginia

**Created as part of Virginia's General Supervision
Enhancement Grant funded by the Office of
Special Education Program**

Determining The Status of Infant/Toddler Development In Relation To The Three Office of Special Education Programs (OSEP) Outcomes

PURPOSE

This manual was developed to provide a resource to assist practitioners in determining how a child is functioning in relation to their same aged peers in the three functional areas:

1. social-emotional skills and relationships;
2. acquiring and using new knowledge and skills; and
3. taking action to get needs met.

The intent is to provide a hands on document with information readily available for practitioners both before and throughout the evaluation/assessment and determination process.

Please Note: A thorough explanation and details of development are beyond the scope of this document. It is incumbent upon early childhood professionals to have a thorough knowledge of development. Resources listed in this manual can be used as one mechanism for professionals to increase their knowledge. Observation of typically developing children and specific coursework are other methods to increase professional competency in child development.

Acknowledgements: This document was prepared as part of the scope of work for Virginia's General Supervision and Enhancement Grant funded by the Office of Special Education Programs. Information from a wide range of sources including the Early Childhood Outcomes Center, developmental books and assessment tools, web resources, and professionals was compiled and synthesized to create this manual. Special thanks to Sandi Harrington, Wendi Wilson John and Beth Tolley for leading this project and to the professionals who reviewed and provided suggestions. Cover photo shared by a family served by Child Development Resources in Williamsburg, VA

Determining The Status of Infant/Toddler Development In Relation To The Three Office of Special Education Programs (OSEP) Outcomes

TABLE OF CONTENTS

Virginia System for Determination of Child

Progress: Implementation Instructions.....	1
---	----------

Background Information.....	3
--	----------

- **Role of The Family**
- **Functional Indicators**
- **Age-Expected and Immediate Foundational Skills**
- **Indicator Ratings**

Evaluation/Assessment Tools.....	11
---	-----------

- **Guiding Questions**
- **Decision Trees**
 - **Color Coded**
 - **With Prompts**
- **Sample “Script” for Introduction of the System to Families**
- **“Script” for Team Discussion of Outcomes Ratings (from ECO Center)**

Typical Development.....	18
-------------------------------------	-----------

- **General Information about Typical Development/ Using This Resource**
- **Functional Development organized according to the OSEP child outcomes**
- **References**

Resources.....	47
-----------------------	-----------

**Virginia's System for Determination of Child Progress
Implementation Instructions
1/14/08**

General Information:

- **Ratings are required only at entry and exit, though interim assessment/ratings are encouraged.**
 - Entry ratings on all three indicators must be done for all children new to early intervention who have their initial IFSP after March 1, 2007 and who are 30 months or younger at the time of the initial IFSP. This includes children who have received early intervention from other states, but who are new to early intervention in Virginia. The entry ratings recorded in ITOTS follow the child. So a child who moves within in Virginia from one early intervention system to another will already have entry assessment data. The new local system does not need to do a new entry-level assessment. Since the intent of Virginia's System for Determination of Child Progress is to measure children's progress in Virginia's early intervention system, the exit ratings are done only at the time the child leaves Virginia's early intervention system, not when the child leaves one local system to enter a different local system. Local systems may, of course, choose to do interim assessments/ratings.
 - Exit ratings on all three indicators must be done prior to exit for all children who had an entry rating AND who have been in the system for 6 months or longer since their initial IFSP. The rating must be done no more than 6 months prior to exit from Part C. Since the ratings reflect the child's status at the time of the assessment, it is beneficial to time the exit assessment/rating as close to exit as possible in order to capture results for the full time the child was receiving early intervention services. It is recognized that there will be situations where it is not possible to complete the ratings because the children/families leave the system without notice.
- Part C's exit ratings may serve as Part B entry ratings and Part B entry ratings may be used for Part C's exit ratings. Local systems are strongly encouraged to collaborate with their local Part B representatives to establish mechanisms to accomplish this sharing of data and non-duplication of assessment.

Requirements for Assessments, Rating and Documentation

Entry Assessment

- Assessment information is derived from multiple sources:
 - the evaluation and assessment (including results from developmental instrument(s) and observation)
 - the family, including information about the child's performance in relation to the three indicators across situations and settings and with different people
 - any other sources (child care provider, medical records, etc.)
- Considering the information above and functional skills of same-aged peers, determine the appropriate rating from 1-7 for each of the indicators. The Decision Tree can be used to guide the process.
- Complete the front page of the Child Indicator Summary Form (CISF). If documentation on the IFSP and in the child's record is not sufficient to support the rating decisions, then supporting documentation must be provided on the back of the CISF. Documentation must include the sources of information (instrument, observation, parent report, etc.) and the

information from those sources about the child's functional skills across settings, situations and people.

- Record the child's ratings in ITOTS.

Interim (Annual) and Exit Assessment - NOTE: At this time, interim assessments (at time of Annual IFSP) are not required.

- Using information from the same sources listed above (parents, instrument, observation, other sources), determine the child's status (rating) for each of the indicators. **NOTE:** A formal assessment is not required, though documentation of the child's abilities using an instrument (such as the HELP, ELAP, etc.) is required. It is not necessary to use the same instrument that was used for the entry assessment. As is currently the practice, the primary provider determines the child's developmental levels in all areas through ongoing assessment (which can occur over multiple sessions). The instrument must be scored.
- The IFSP team considers information from the sources listed above to determine the child's status in relation to same-age peers for all three indicators. Document the child's functional status in the child's early intervention record. This can be done in a progress note. Also document the sources of information used in the assessment process.
- Complete the front page of the CISF including questions 1b, 2b and 3b. Complete the back page if documentation in the child's record isn't sufficient to support the rating decisions and/or if the source of the information used to make the determination is not documented in the child's record. The yes/no response to the b questions (Has the child made progress?) must always be based on the child's progress since the initial assessment, even if there has been one or more interim assessments.
- Record the child's rating and answers to the b questions in ITOTS

OR, for the Exit Assessment:

- Obtain ratings from Part B and record in ITOTS along with answers to b questions.

Role of the Family in Ratings Discussions

The family plays several important roles in Virginia's System for Determination of Child Progress, including team member, child information provider, rating participant and customer.

Team Member: Just as families are members of IFSP teams, they are critical to the assessment team. DEC Recommended Practices (2005) tell us "Early childhood assessment is a flexible, collaborative decision-making process in which teams of parents and professionals repeatedly revise their judgments and reach consensus..."

Information Provider: Child Indicator Summary Form (CISF) rating rely on information about a child's functioning across situations and settings. Parent input is crucial: family members see the child in situations that professionals do not. The rest of the team will need to learn what family members know about the child- what the child does at home, at grandma's house, in the grocery store, etc.

Participant in CISF Rating Discussions: As members of the IFSP team, families are natural participants in the CISF rating discussion. Their role in the rating is child expert, while other members of the team will know child development and the skills and behaviors expected at various age levels.

Customer: Professionals need to be able to explain why the rating is being done and what it means.

Functional Outcomes/ Indicators

What is an outcome/indicator?

- Outcomes (or “indicators” as they are called in Virginia) are the benefits that children and families experience as a result of early intervention.
- The three child indicators, as measured for accountability purposes, are different than IFSP outcomes in that:
 - The three child indicators reflect global functioning in three broad areas of development (social-emotional, knowledge and skills, getting needs met)
 - IFSP outcomes are specific to an individual child, based on his or her individual needs
- Each outcome is a snapshot of
 - The whole child
 - Status of the child’s current functioning
 - Functioning across settings and situations

What makes an indicator functional?

Functional indicators:

- Refer to things that are meaningful to the child in the context of everyday living
- Refer to an integrated series of behaviors or skills that allow the child to achieve the important everyday goals

How do I assess functional indicators?

- Emphasize **meaning**. Ask “Can the child carry out meaningful behaviors in a meaningful context?” not “Can the child perform discrete behaviors such as knowing 10 words, smiling at mom, stacking 3 blocks, pincer grasp, walking backward?”
- Observe a child in natural settings to learn:
 - What does the child usually do?
 - What is his actual performance across settings and situations?
 - How does the child use his/her skills to accomplish tasks?
- The assessment of functioning is NOT about:
 - The child’s capacity to function under unusual or ideal circumstances, skill by skill, domain by domain
 - The child’s performance in a structured testing situation in on standardized way

Why isn’t assessing the child’s ability to perform discrete behaviors enough?

Discrete behaviors (e.g., those described by some items on assessment instruments) may or may not be important to the child’s functioning on the indicator.

- Individually, they are not especially informative
- Summed, they may or may not be useful, depending on the functionality of the behaviors/items

Think about isolated behaviors and what observing them tells you about the child. For example, suppose an assessment instrument asks you to observe whether or not a child can point:

- If you know that a child can point, do you know that the child can communicate her wants and needs?

- If you know that a child can't point do you know that she can't communicate her wants and needs?
- How does knowing about pointing help you understand how the child takes action to meet needs?

What about domains?

- Functionality is not domains-based; children function across developmental domains
- Functionality can involve multiple domains and can cross domains
- Functional outcomes refer to behaviors that integrate skills across domains

What does functionality have to do with using the Child Indicator Summary Form?

Ratings on the seven-point scale for each outcome are a snapshot of:

- The whole child
- Status of the child's current functioning
- Functioning across settings and situations

Ratings are based on the child's functioning:

- What the child does across settings and situations
- Compared with what is expected given the child's age

Check your understanding....

Look at the list of skills below. Which are examples of isolated skills? Which are examples of functional skills?

- Knows how to imitate a gesture when prompted by others
- Uses finger in pointing motion
- Uses 2-word utterances
- Watches what a peer says or does and incorporates it into his/her own play
- Points to indicate needs or wants
- Engages in back and forth verbal exchanges with caregivers using 2-word utterances

(Answers: a, b, c = isolated; d, e, f = functional)

Age-Expected and Immediate Foundational Skills and the Child Indicator Summary Form (CISF) 7-Point Rating Scale

The CISF uses a 7-point scale for rating a child's functioning in each of the three indicator areas. To determine a rating, the team must be familiar with the child's functioning in the indicator area across a variety of situations and settings. The team needs to think about the many skills and behaviors that allow the child to function in an age-expected way in each indicator area. The team needs to understand the developmental continuum that leads to age-expected functioning, asking

1. Are the skills and behaviors demonstrated what one would expect for a child this age?
2. If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors?
3. If not, are they like those of a MUCH younger child? Are they farther away from age expected skills and behaviors? (much earlier or atypical skills and behaviors).

Foundational Skills

Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve at the base and are conceptually linked to the later skills as "foundational skills." For example, children play along side one another before they interact in play. Development in the early childhood years proceeds through several levels of foundational skills with skills and behavior becoming more complex and more proficient as children get older. All skills that lead to higher levels of function are foundational skills, however, the set of skills and behavior that occur developmentally just prior to age-expected functioning can be described as the immediate foundational skills in that they are the most recent set of foundational skills that children master and move beyond.

A child whose functioning is like that of a younger child is probably showing **immediate foundational skills**. Her functioning does not meet age expectations, but **she demonstrates skills and behaviors that occur developmentally just prior to age expected functioning** and are the basis on which to build age-expected functioning.

A child whose functioning might be described as like that of a MUCH younger child does not meet age expectation, nor does she demonstrate skills and behaviors that immediately precede age-expected functioning. She has **foundational skills**, but not yet an immediate foundational level.

Some foundational skills get replaced by newer skills whereas others continue in children's (and adult's) repertoires throughout life. The nature of interacting with other children changes fundamentally as children get older. On the other hand, skills like making eye contact, turn-taking, and eating with a fork get incorporated into more sophisticated routines but never disappear. **To identify whether functioning that continues throughout life constitutes an immediate foundational skill, ask yourself at what age one would first expect to see this functioning and how close it is to the child's current age.** For instance, being able to make eye contact is not an immediate foundational skill for a three year old.

Example 1: Chrissa is 30 months (2 ½ years) old. Although she does not play with other children, she watches them with great interest. A child who is 30 months of age or so should play with other children, even taking turns. A younger child (18-24 months or so) would play alone, but would be very aware of other children, such as the toys another child is using, and may snatch a toy away from another child. A much younger child (12 months or so) would stay very close to his or her primary caregiver, showing early awareness of other children. Chrissa is more than aware of other children; she visually follows their play with enthusiasm. She has

immediate foundational skills on which to build the next level of relationships with peers, which would involve playing with other children and turn taking.

Child development does not progress in a neat and tidy sequence. Children spend various amounts of time in any one stage of development. Areas of development may overlap with one another. It is impossible to pin down the exact age at which every child will have achieved a specific milestone. Children manifest developmental expectations in different ways. All children follow general sequences, but each child will develop in unique ways, depending upon the child's personality, context and experiences. In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.

Example 2: Justin is 24 months (2 years) old. He uses a spoon, but often spills the food before it gets to his mouth. Without his mom's help he wouldn't get much to eat at mealtime. A child who is 2 should be able to meet his feeding needs without much help, using various kinds of tools, including his fingers. The younger child (toddler) experiments with tool use, but with limited success. The much younger child (infant) participates in feeding by opening his mouth, but does not attempt to feed himself.

- How would you describe Justin's skills and behaviors? Are they age-expected? Immediate foundational? Or not yet?
- What if Justin were 12 months old? How would you describe his skills and behaviors? What if he were 36 months old?

Indicator Ratings

A domain score on an assessment does *not* necessarily translate directly into an indicator rating. Indicator ratings require:

- ❑ Looking at functional behaviors
- ❑ Collecting and synthesizing input from many sources familiar with the child in many different settings and situations

To Decide on a Rating...

- ❑ ***Know what behaviors and skills are appropriate for the child's age; How do children who are developing typically function on this indicator?***
- ❑ ***Review the available sources of information to determine how the child functions across a variety of situations and settings***
- ❑ ***Understand the differences between response options on the summary form***

Overall Age Appropriate	Completely <i>means:</i>	7	Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area.
	Concerns	6	Child's functioning generally is considered appropriate for his or her age but there are some concerns about the child's functioning in this outcome area. These are minor concerns and may be related to the quality of performance.

Some Age Appropriate: Some Aspects and/or some of the Time	Somewhat <i>means:</i>	5	Child uses most or all aspects of the skills for this indicator some of the time across some settings.
	Near Somewhat <i>means:</i>	4	Child uses age appropriate skills rarely and not in all settings or situations OR child only has age appropriate skills in some aspects of the indicator

Overall Not Age Appropriate	Emerging <i>means:</i>	3	Child does not yet show functioning expected of a child of his or her age in any situation. Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Functioning might be described as like that of a younger child .
	Near Emerging <i>Means:</i>	2	Child's behavior and skills include some immediate foundational skills , but not yet in all aspects or across all settings and situations.
	Not yet <i>means:</i>	1	Child does not yet show functioning expected of a child his or her age in any situation. Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. Child's functioning might be described as like that of a much younger child .

<p style="text-align: center;">Child Progress Determination Questions to Guide the Discussion of Functional Indicators</p>
--

I: Positive Social-Emotional Development / Positive Social Relationships

- ❖ How does the child communicate her/his feelings?
- ❖ How does the child interact with parents?
- ❖ How does the child interact with siblings?
- ❖ How does the child interact with known adults / strangers?
- ❖ How does the child interact with children?

Consider progression of social development

Smiles – holds out arms to be picked up - likes to look at faces – laughs aloud - distinguishes strangers – parallel play – interest in other kids – associative play

Consider relationship with primary caregivers

Soothed by caregiver - varying cries – reliance on primary caregiver – stranger anxiety (1st or 2nd)

II: Acquires and Uses New Knowledge and Skills

- ❖ How does the child learn?

Consider progression of how children learn about their environment

Mouths toys – eyes explore toys – hands explore toys – child interacts with the toys to produce noise – books / pointing to pictures – points and indicates “what’s that” question – imitation – how does the child use words to learn

Consider progression and complexity of imitation

How willing is the child to imitate; do you see the child acting out everyday events in their own play? Level of imitation in using words.

III: Ability to Take Actions to Get Needs Met

- ❖ How does child let caregiver know what she/he wants?
- ❖ How does child get to his/her toys?
- ❖ What does the child do to participate in her/his own care?

Consider motor skills

How does child get to toys – rolls, crawls, walks, climbs, runs
How does child use hands to manipulate toys & food – raking, pincer grasp

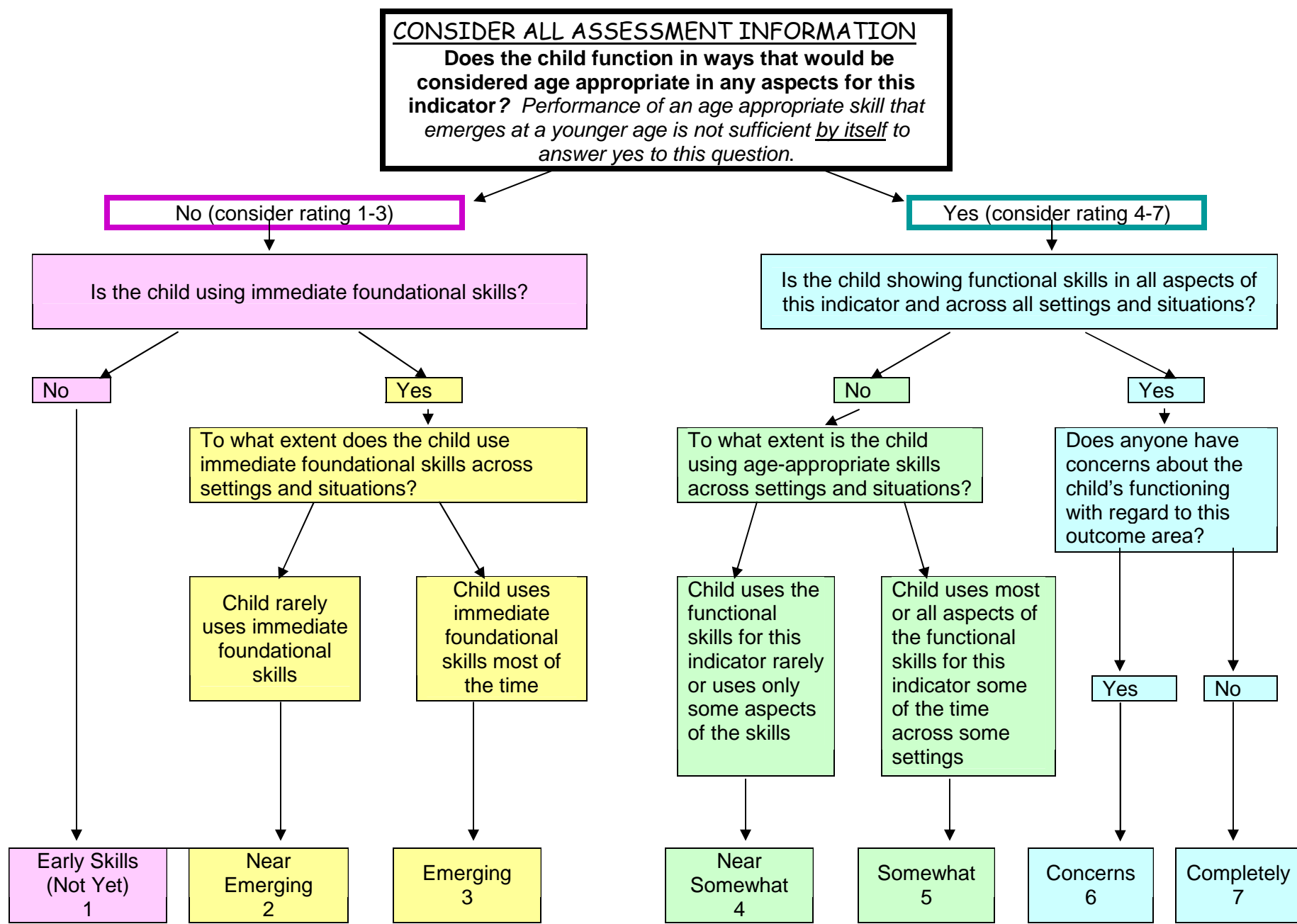
Consider self-help skills to take care of her/himself

Dressing – helps with dressing, takes off some clothes, attempts/puts on some clothes
Toileting – tells when wet/soiled, attempts to use the toilet
Feeding – finger feeding, spoon dexterity

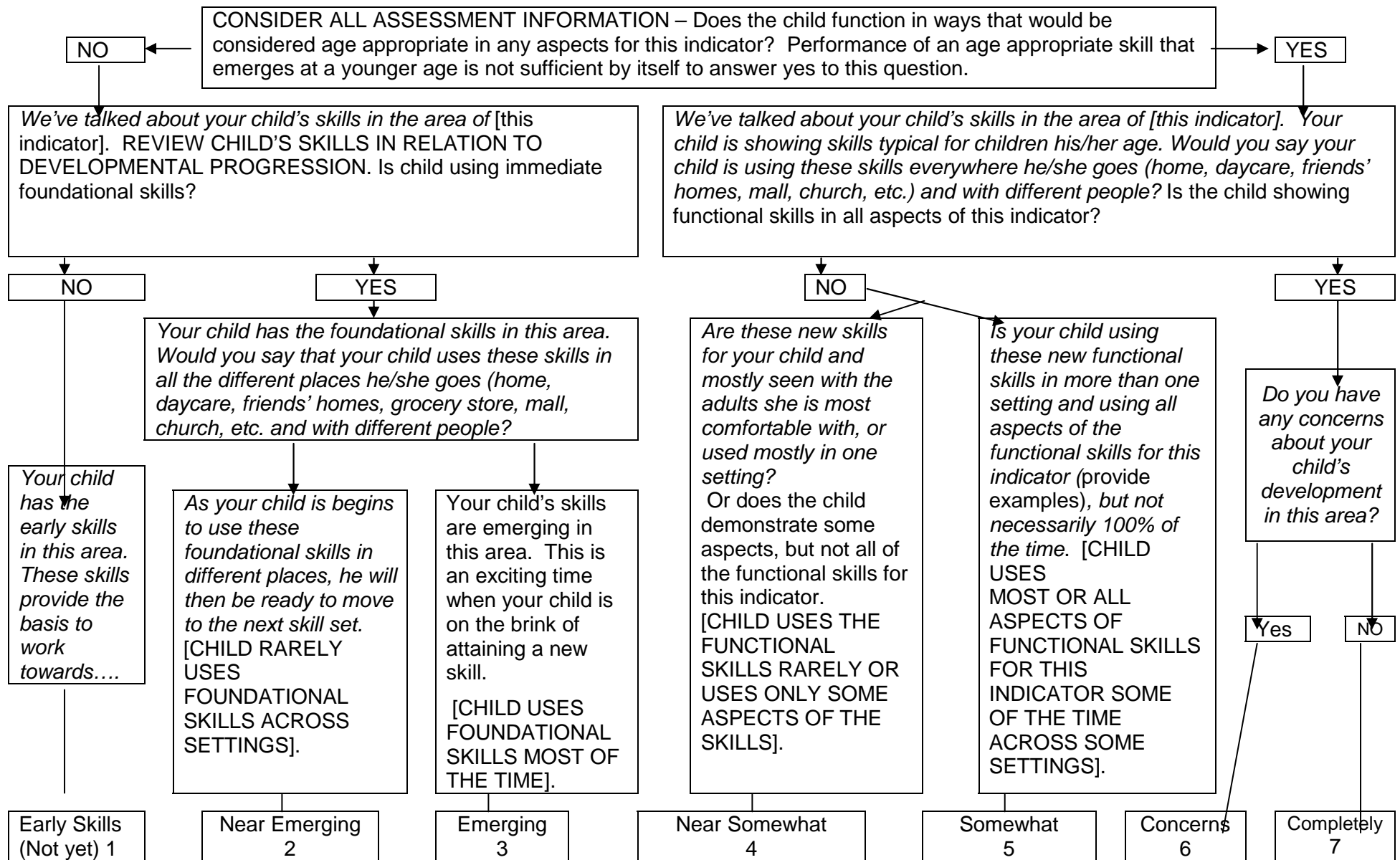
Consider communication skills

How does the child tell the caregiver when she/he is hungry, thirsty, needs new diaper?
Are words replacing grunts, tantrums, pointing motions?

Decision Tree for Summary Rating Discussions



Decision Tree With Prompts for Summary Rating Discussions



Sample “Script” for Introduction of the System for Determination of Child Progress

“During this initial evaluation and IFSP process we will be assessing how your child functions in his/her everyday life at home and other settings that are typical to your family and child’s routine. We will be using the _____, a developmental assessment tool that looks at your child’s abilities in the areas of Gross Motor (large muscles and mobility), Fine Motor (small muscles), Self Help (feeding, toileting and dressing), Cognitive skills (problem solving and learning skills), Expressive and Receptive Language (how your baby communicates and understands language), and Social-Emotional development (how your baby interacts with the people in his/her environment). Additionally, in conjunction with recent federal guidelines, we will be determining how your child functions in three specific areas as compared to his/her same age peers. These areas were chosen because they were reported by families to be most important. We will report back to you your child’s strengths and upcoming skills from the assessment, in these three functional areas. We are doing this in an effort to determine the effectiveness of Part C services in helping you and your child to meet your outcomes. We’ll review this (annually* and) at the time your child is ready to leave the Infant & Toddler Connection of _____ to see what progress your child has made during his/her time in early intervention.

You are the experts on your child and your input will be the most valuable component of the evaluation as you participate in this process by describing how your child interacts with others in his/her environment, how he/she learns/acquires skills and knowledge, and how he/she gets his/her needs met. (This is a new system for us and we ask your understanding as we may be awkward at first as we complete this process together.”)

* For local systems who are doing interim assessments/ratings

** This may be helpful initially until evaluators become more familiar with the process

Script. for Team Discussion of Outcomes Rating

The following text provides guidance for discussing a child.s functioning that:

- gets the information needed for a rating determination without using numbers,
- is based on the child.s strengths,
- uses a tone that is family-friendly.

It was designed for training teams in the use of the Child Outcomes Summary Form (COSF), especially with families at the table during the rating discussion

Discussing the Outcomes

Discuss the outcome areas one at a time, although not necessarily in any particular order. The suggestions in this document focus on Outcome 1: positive social relationships. Use the same format for Outcomes 2 (acquisition and use of knowledge and skills) and 3 (taking action to meet needs), substituting words to reflect the content of each outcome, as appropriate. Refer to the “COSF Discussion Prompts” resource for suggested questions and language to use for the discussion of all three outcome areas.

Begin the discussion as follows, filling in the child.s name and the content appropriate to the outcome area (as noted above, these examples illustrate Outcome 1).

- One of the important things we want ___to learn is how to get along well with the people in his/ her life. Let.s talk about how ___ is doing in social relationships. We want to talk about how ___ interacts with adults and with other children. We also want to look at how s/he follows rules and participates in routines with groups.
- Who are the adults in ___s life?
- Is s/he around other children? [Who?]
- [if child is old enough] Is s/he in situations where she/he is expected to participate in routines with others or to follow rules related to being with others?

Strengths

- Let’s start by talking about ____s strengths in this area. What are some of ____ strengths in social relationships and getting along with others? For example,
 - What are the things that ___does well when it comes to relating to adults?
 - (See COSF Discussion Prompts)
 - What are some of his/her strengths in relating to other children?
 - What are some of his/her strengths when it comes to following rules or routines?

Areas of concern

- What are some of the things we are concerned about/would like to work on with ___ in the area of social relationships? For example,
 - What are the things that we are concerned about with regard to how ____ relates to adults? (COSF Discussion Prompts)
 - What are some of our concerns with regard to how ____ relates to other children?
 - What are some of our concerns with regard to how ____ follows rules or routines?

Expectations

- We know that as children develop they learn to do different things at different ages. Some of the things we would like to see children doing in this area at ___[child.s age] are...
- Looking for age appropriate functioning
- Is ___ doing any of the things related to social relationships that we expect to see at his/her age?
- Possible answers:

- Yes, he is doing ____
- No, not yet.

Extent of age appropriate functioning

- [if yes] Would we say that all or almost all of ____s functioning for this outcome is what we would expect to see for a child this age?
 - [if yes] ____ is doing really well in this area. Is there any thing related to how ____ interacts with others that we are concerned about and that we think we should monitor or give him some help with?
 - If no. This means we want to say his development in this area is .completely. what we expect for a child this age.
 - If yes. This means we want to say his development in this area is .between completely and somewhat. for what we expect of a child this age.
 - [If no] Would we say that ____ rarely shows examples of what we expect to see for children this age or that she/he shows a solid mix of functioningthat is age appropriate and not age appropriate yet?
 - If a solid mix. This means we will say that his development in this area is .somewhat. age appropriate.
 - If rarely. This means we will say that his development is between .emerging and somewhat..

Looking for immediate foundational skills

- [if not yet] Just before children learn to ____ [age expected functioning], they ____ [immediate foundational skills]?
- Is ____ doing anything related to social relationships at this level?
- Possible answers:
 - Yes, he is doing ____
 - No, not yet. This tells us we need to work with ____ to help him/her develop some skills such as [immediate foundational skills] to help him improve in this area. Since ____ hasn.t yet developed what we call immediate foundational skills, we will code his development in this outcome as .Not Yet..

Extent of immediate foundational skills

- [if yes] Would we say that just about most or all of ____s functioning in this area is showing the kind of skills that develop just before what children do at this age?
 1. [if yes] That helps us know where ____ is functioning so we can work with the skills he/she has and help him/her move to the next step. It means the rating should be .Emerging...
 2. [If no] That helps us know where ____ is functioning so we can work with the skills he/she has so we can help him/her move to the next step and suggests the rating should be between .Not Yet. and .Emerging..

TYPICAL DEVELOPMENT: BIRTH TO 36 MONTHS

General Information about Child Development

- ❖ Every child develops at an individual rate, possesses unique characteristics, and exhibits an array of talents and interests regardless of family background, culture, special needs, experience, or ability.
- ❖ Though children follow general sequences of development, each child will develop in unique ways, depending upon the child's personality, context and experiences.
- ❖ There is a wide range for emergence of developmental skills; it is impossible to pin down the exact age at which every child will have achieved a specific milestone. For the purpose of determining a child's developmental status in relation to same age peers, skills are listed according to the latest age they typically emerge for most children.
- ❖ Optimal learning occurs when we recognize that all aspects of a child's development (e.g., social and emotional, approaches to learning, language and literacy, cognitive, and physical) are inextricably interrelated and nurtured through a combination of active exploration, play, social interactions, and thoughtfully planned activities that capitalize on children's natural tendency to seek ever higher levels of challenge to master.
- ❖ Children develop holistically; growth and development in one area often influences and/or depends upon development in other areas. It is imperative to recognize the interconnectedness of children's early development in all areas.

USING THIS RESOURCE

The information in the following pages has been compiled from a variety of books, assessment tools and websites. The information is organized in accordance with the three Office of Special Education Program (OSEP) child outcomes to help practitioners, parents and other family members understand the kinds of functional behaviors displayed by typically developing children at various ages. It is very important to keep in mind there is a wide range for emergence of developmental skills for typically developing children. In order to understand a child's developmental functioning in comparison to same-age peers, evaluators must be familiar with the child's behavior over the variety of settings, situations, and interactions that make up the child's day to day life. The functional outcomes being rated address behaviors that are meaningful and used in the context of children's everyday lives. Evaluators should always be considering how the child is using skills and behaviors to achieve a result or outcome that is meaningful to him/her in his/her daily life.

These examples should not be considered or used as a checklist. They are descriptions of the kinds of behaviors that a child of a given age might use in their everyday routines and activities. The behavioral descriptors are to be used **as a supplement to, not a substitute for**, other assessment information gathered through use of validated assessment tools, observation, discussions with families and other caregivers, and review of reports from other individuals regarding the child's developmental. ***In determining the extent to which a child's functioning meets age expectations, the team must look at an overall pattern, rather than specific fragments, of development.***

Please Note: A thorough explanation and details of development are beyond the scope of this document. It is incumbent upon early childhood professionals to have a thorough knowledge of development. Resources listed in this manual can be used as one mechanism for professionals to increase their knowledge. Observation of typically developing children and specific coursework are other methods to increase professional competency in child development.

1 month

General Impression:

Sleeping and eating is a major focus for baby. Baby is comforted by caregiver and relies on caregiver to meet physical and emotional needs.

Positive Social-Emotional Skills (including social relations)

The infant is responding to the people around him; he stops crying when he sees someone's face, hears a voice or when he is picked up and held.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby looks at colorful toys briefly and focuses on objects as far away as three feet. He responds to voices and can already recognize his parent's voice.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

In order to look at people or respond to a noise, baby can slightly lift his head off parent's shoulder or floor when on tummy and can turn head to both sides when lying on back. Baby's hands are often fisted and therefore baby is not yet holding onto toys, but may use a reflexive grasp to hold onto a caregiver's finger.

Self Care (Feeding, Dressing & Toileting)

Baby is able to coordinate his suck and swallow when breastfeeding or being fed from a bottle.

Makes Wants and Needs Known

He cries to let his caregivers know when he is hungry or uncomfortable. He may stop crying when picked up and held.

2 months

General Impression:

Sleeping patterns are becoming more predictable. Baby is more alert and reacts to caregivers by watching them and moving arms/legs in response to caregivers.

Positive Social-Emotional Skills (including social relations)

The baby is responding positively to her Mom and Dad. She gets excited when Mom or Dad comes in the room, and may cry when her Mother leaves the room. She is beginning to notice other people and shows excitement by smiling and moving her arms and legs.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby is beginning to be able to focus on people and objects further away from her (2-4 feet). She can visually recognize her parent and she stares and gazes at a toy or Mom or Dad. She is beginning to make single vowel sounds.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is increasing her ability to move and control her body in response to a caregiver and she may be seen kicking her legs or straightening them out. Baby can also roll to her back from her side to look for a caregiver. She will be able to use her forearms to lift her head when lying on her tummy, which will begin her ability to explore toys, faces, etc.

Self Care (Feeding, Dressing & Toileting)

Baby can coordinate several sucks before swallowing when nursing or bottle-feeding. Leakage is minimal.

Makes Wants and Needs Known

Cries begin to have differentiated tones for hunger, etc..

3 months

General Impression:

Interest in watching the faces of people talking to baby increases dramatically from the prior month. Crying diminishes as baby is interested in exploring the room and faces visually. Baby is starting to roll which allows him to look for toys or faces. He is beginning to look around while on his tummy. He tolerates being on his tummy without being uncomfortable in the position.

Positive Social-Emotional Skills (including social relations)

The baby is showing a greater interest in people than objects by focusing longer on human faces than any objects. He looks closely at the face and eyes of the person talking to him. He may coo when talked to and has begun to give a small chuckle or laugh.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby is learning about his hands by bringing them close to his face and watching them, and also by mouthing them. He recognizes his bottle. He is learning through his sense of hearing in addition to his vision – looking around the room when he hears a sound and cooing when talked to.

He continues to use his vision to learn, looking back and forth between toys, and looking at the face and eyes of the person talking to him. He still prefers human faces, but will look around the room to others and objects.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is much more in control of his head and looks around from many positions (lying on back, being held at shoulder, lying on tummy). This allows him the opportunity to begin to seek out his toys or explore with his eyes. Baby should tolerate being on his tummy and even use the time on his tummy to lift up on his forearms and begin to lift on straight arms to look at his caregiver or others in his environment. He can sit upright on someone's lap with support and turn his head to look around.

Self Care (Feeding, Dressing & Toileting)

Several sucks before swallowing

Makes Wants and Needs Known

Definite cry for hunger distinguishable by caregivers

4 months

General Impression:

Baby is able to hold her toys and will take some of those toys to her mouth for further exploration. Baby recognizes familiar people and will get excited, smile, vocalize and reach out for caregiver. Baby is rolling off of her tummy to get a fuller view of the world or communicate with caregiver.

Positive Social-Emotional Skills (including social relations)

The baby vocalizes, smiles, and reaches out to a familiar person and may laugh aloud when playing. She may get upset and cry if her play is interrupted.

Vocalizes and jabbars when left alone. She may show distress when she hears an angry voice and laugh aloud when playing.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Watches movement of her own hands and will follow a dangling toy or object with her eyes. She gets excited when she sees her preparing her bottle.

She reaches for toys and is able to grasp a toy for a few seconds. She may bring the toy to her mouth.

She turns her head toward a voice or the sound of a rattle.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is getting stronger and can tolerate being on her tummy with her head and chest up for longer periods of time. Baby has also figured out that she can elicit noise from toys by shaking them. She may not have perfect control when shaking, but it is purposeful. Baby can hold a toy in her hand for a few seconds and her interest in doing so can be seen by her work to reach towards a toy.

Self Care (Feeding, Dressing & Toileting)

May place both hands on bottle
Pats bottle

Makes Wants and Needs Known

Distinct cries for multiple needs - hunger, fatigue, pain.

5 months

General Impression:

Baby has an increased interest in toys now and has become interactive with caregivers as seen in baby's social interactions, such as giggling and imitating faces. Baby can distinguish the difference between happy and angry voices.

Positive Social-Emotional Skills (including social relations)

Baby is engaging with others through cooing as if in a conversation. He laughs aloud when someone talks to or tickles him. He enjoys hearing and will respond by cooing or moving around. He can definitely distinguish between friendly and angry voices.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby has new ways of playing with toys including exploring them with his mouth. He will turn his head and look when a toy is dropped.

His social skills also impact learning as he will imitate a few simple facial expressions and laugh aloud when tickled or talked to.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is getting more sophisticated with holding toys and can even hold a toy in both hands at the same time. If he drops a toy, he will look for it, then pick it back up – if it is still interesting to him.

Self Care (Feeding, Dressing & Toileting)

May begin taking food from a spoon.

Places both hands on bottle during feeding

Makes Wants and Needs Known

Baby continues to cry to get primary needs met, but may also use cooing or smiles to get social needs met.

6 months

General Impression:

Baby is much more mobile now as she is able to roll and is showing signs of early prop sitting. Baby is making many sounds and enjoys smiling. Baby turns quickly to a caregiver's voice.

Positive Social-Emotional Skills (including social relations)

Baby recognizes her parent's voice and turns immediately when she hears it across the room. Her first separation anxiety is beginning as she can now distinguish strangers from those who are in her family circle. She smiles and vocalizes to her image in the mirror and she gets excited when hearing someone nearby. She lets others know she is interested in engaging with them through vocalizing and waving her arms. Baby coos or babbles when happy and she smiles a lot when playing.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby is interested in her toys and actively reaches for them in play. She consistently puts the toys and other objects into her mouth while playing. When she drops a toy, she looks for it, showing she remembers that it exists even when out of sight.

She is imitating simple sounds as well as facial expressions. She smiles, vocalizes and pats at her own image in a mirror.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is rolling in all directions to get to toys and caregiver. She can sit in a high chair for mealtime and has found a toy in her feet and toes as she enjoys playing with them. Parents may enjoy standing their child up on their lap and baby also gets excited to be in this taller posture – she may respond positively (i.e. laughing, smiling, cooing, holding the position, etc.) to continue to be held in this upright position.

Self Care (Feeding, Dressing & Toileting)

Baby is able to hold her bottle easily. She rakes up cheerios with her fingers against palm of hand (if opportunity exists). She is also able to pick up a sippy cup with a handle, but may not yet have opportunity for this experience.

Makes Wants and Needs Known

Distinct cry/behavior for different needs

7 Months

General Impression:

Baby has a new view of his toys as he is able to sit by himself and use his hands freely to manipulate toys before taking them to his mouth. Baby's vocalizations are expanding to include some consonant vowel combinations. Baby is showing signs of wanting to crawl.

Positive Social-Emotional Skills (including social relations)

Baby continues to show a strong attachment to primary caregivers. He still enjoys looking at his mirror image. His coos and babbling continue to be a response to social stimuli as well as a way to engage others.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby's interest in toys and playing expands

- Plays with paper when it is offered
- Holds one toy in a hand and picks up another toy with the other hand
- Reaches persistently for toys, picks up and transfers toy from one hand to another, and bangs and shakes toys to elicit a noise

Vocalizations continue with additional vowel sounds being added. Baby may even be able to make consonant vowel combinations as he babbles in play.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is really pushing to move to get to toys. He can sit and play with his toys, go onto his tummy and reach out with one arm, and **experiment** on his hands and knees by rocking back and forth. Most babies are able to scoot backwards.

Baby can use his hands to manipulate toys between them and he will reach out fully to get to a toy.

Self Care (Feeding, Dressing & Toileting)

Eats solid foods from a spoon well

Can finger-feed dry cereal, little pieces of meat, fruits and vegetables

Makes Wants and Needs Known

Will reach or push away to indicate needs regarding food/drink

8 months

General Impression:

Baby is exploring more now that she can sit, roll, scoot and maybe crawl forward. Everything in baby's world seems to be a new adventure.

Positive Social-Emotional Skills (including social relations)

Baby continues to increase her ability to vocalize in "conversation" to respond to people. Baby's first separation anxiety is resolving.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby has learned how to get her toys to make noises. She will shake them repeatedly to get the noise. She may be able to activate very simple cause/effect toys. She is still putting toys in her mouth, but now she is biting or chewing on them.

She has several consonant vowel combinations, such as ba, na, ka. She can make sounds like dada, baba and mama.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Many babies are scooting forward in a modified crawl to get to their toys, caregiver or bottle.

Self Care (Feeding, Dressing & Toileting)

Baby is much more successful in finger feeding herself.

Makes Wants and Needs Known

May use shouting to get someone's attention (not just whining, crying)

9 months

General Impression:

Baby is engaged and interactive with others. Early “conversation” is happening with others. Baby has newfound freedom with crawling, and may explore large areas of a room. More independent in finger feeding self snacks.

Positive Social-Emotional Skills (including social relations)

By nine months old, baby will turn his head if his name is called, make eye contact and smile acknowledging the interaction. He will shake his head “no-no” and use vocalization, turning or pushing away to indicate he is finished or doesn’t like what is being offered.

Baby notices and vocalizes when Mom is preparing to leave the house. He will exchange smiles, loving faces and other expressions with his parents, including back and forth sounds. He will now play interactive games such as chase or peek-a-boo.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby has a clear understanding of object permanence, as he will now search for a toy when it is taken away. He purposefully releases a toy from his hand and will engage putting things in and out of containers.

Baby can shake his head “no-no” to indicate what he does/doesn’t want. He turns to make eye contact and smiles when his name is called, showing both an understanding of his name and the social interaction. He imitates simple sounds and many consonant vowel combinations can be heard now in play.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is very sure in sitting and transitioning into other positions from sitting to play or to get other needs met. Many babies will be pulling up to stand using their caregiver or the furniture. Baby can show excitement and engage in play by clapping hands together. May enjoy banging objects to make very loud noises.

Self Care (Feeding, Dressing & Toileting)

Holds, bites, and chews cracker or cookie

Grasps food and small toys/objects with thumb and forefinger (early pincer grasp – inferior. More refined/neat pincer grasp is by 12 months)

Makes Wants and Needs Known

Shakes head “no-no”

10 months

General Impression:

Baby is beginning to respond to social games. Baby is very motivated by her ability to move as she can now pull up to standing from sitting position and crawl on hands and knees to get to her toys or caregiver or explore new areas. Baby may “push” boundaries with this new mobility.

Positive Social-Emotional Skills (including social relations)

Baby is showing early understanding of social games as she will respond with an action to a simple request i.e. wave bye-bye, peek-a-boo and so big. She is beginning to get an understanding of “no-no” as she will stop briefly what she is doing when told no.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby is showing an interest in books and will look at the pictures. She likes to imitate caregiver's actions in play by banging, stirring, patting, etc. She is exploring toys by poking and touching with her index finger. She can easily uncover toys that are hidden and will move other objects in an attempt to find a lost toy. She may show a preference for certain toys and routinely seek those toys.

She calls “mama” and “dada” although it may not yet be specific (that would be expected by 12 months) and will stop what she is doing when told “no-no,” if only for a brief period.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Baby is crawling now to get her needs met (toys, caregivers). Baby likes standing and many babies will be cruising along the furniture to get to many items – even those that are “off limits” such as a glass with water.

Self Care (Feeding, Dressing & Toileting)

Child is eating more foods and relying less on bottle and/or breast for nutrition

Makes Wants and Needs Known

May go to pantry/kitchen looking for food

11 months

General Impression:

Baby is exerting more independence in mobility and feeding skills. Most babies will be experimenting with standing alone without support of caregiver or furniture. Baby repeats actions, such as laughing, to get a response from others in their environment.

Positive Social-Emotional Skills (including social relations)

Baby is showing an awareness of how actions get a positive response (i.e. laughing) from adults. He will do an action repeatedly to get the desired response.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Baby understands that his actions have an effect – he will repeat sounds or gestures when they are laughed at. He is actively seeking out his toys now that his motor skills allow him to do so. Baby can hold crayons and make marks on the paper but may prefer to put the crayons in his mouth.

Baby can make many different vowel consonant combinations. He is just about to emerge into language with consistent names for mom and dad in the upcoming month. His babbling may sound more like words.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Most babies will be somewhere in the walking stage, although true walking is not fully expected until 14 months. This level of independence opens up many ways for the baby to get his own entertainment and physical needs met. Many babies begin to have the opportunity to “color” and they are successful with making some marks on paper or other surfaces.

Self Care (Feeding, Dressing & Toileting)

Finger feeds

Shows early spoon-feeding skills

Makes Wants and Needs Known

May say “baba” for bottle. Calls “mama” and/or “dada” to get needs met.

12 months

General Impression:

By 12 months, the child's world is beginning to expand; she is getting into everything, becoming very vocal and asserting herself in new ways. Many children will be walking at this age, however, if not, then child will probably enjoy spending a great deal of time in a standing position. With this newfound independence also comes some separation anxiety when parent attempts to leave. Child begins to follow simple directions (i.e. handing his/her parent a toy, waving bye-bye, finding shoes).

Positive Social-Emotional Skills (including social relations)

Child is experiencing her second separation anxiety as she clings to her parent when the parent attempts to leave. Child has an increased dependence on her mother/primary caregiver as she is experiencing more independence with her emerging walking skills. Child likes to be able to hear and see an adult most of the time and may even protest going to bed because of this separation. She will also begin to hand a toy to her parent when asked.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is showing increased curiosity about her environment. She will point to objects with her index finger and look back to her caregiver with a questioning look.

Child is connecting words with objects and can follow simple instructions such as "go get the ball." She will also understand simple directions related to her daily routine. She can say at least 2 words besides "mama" and "dada." She "sings" (makes sounds) when she hears music.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child has more control with how she plays with toys. She will enjoy putting things in and out of a container multiple times. She will probably enjoy playing with shape sorters and cause/effect pop-up toys now that she has more control over using her hands. She is still working on her new pattern of movement (walking is emerging or has emerged); and enjoys exploring larger areas of the house.

Self Care (Feeding, Dressing & Toileting)

Finger-feeds self for part of a meal

Can take off hat and shoes

Does not mind being dressed –cooperates with caregiver

Makes Wants and Needs Known

Indicates desire to "get down" or "get out" other than fussing or crying

Says "ba-ba" or other word to indicate food desires

13 months

General Impression:

Child's mobility is continuing to open up his world. He is beginning to communicate using words for Mom, Dad, and simple food items, such as cup, juice, or cracker. Babbling is very common and child may pretend to imitate parents doing activities such as talking on the phone.

Positive Social-Emotional Skills (including social relations)

Child engages in early conversation and follows directions to please adults. He is communicating with babbles and jargon and a few early words.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is showing an increase in receptive language and cognition. He can point and will often point to pictures with the expectation that his caregiver will label the picture. He is following more simple one-step directions and will look around to find the object that is named by his parent.

Child is also showing better command of expressive language, as he will repeat simple sounds and words on request. Early words are emerging.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child's mobility has increased and he is all over the house, following behind parent and exploring on his own. For children who are already walking, they may resort to crawling if it will get them someplace quicker. Child can use his hands in a coordinated manner which is seen both in eating and play skills. Cause/effect toys or busy boxes are easier for the child to manipulate now. Child can purposefully throw a ball from a sitting or standing position.

Self Care (Feeding, Dressing & Toileting)

Child is still cooperating with dressing and takes just a very few items off. He can finger feed himself a good portion of the meal / snack. Transition to an open or sippy cup and reduction / elimination of the bottle should be occurring.

Makes Wants and Needs Known

Child will use mostly pointing and gestures to request items, but may have a word or two to request his cup, juice, milk or a favorite snack, such as cookie/cracker.

14 months

General Impression:

Child begins to initiate games (i.e. peek-a-boo) with caregivers and gives hugs and kisses to Mommy and Daddy. Parents will have many “tricks” to show off what their child can do (i.e. wave bye-bye, blow kisses, where’s your belly, etc.). Child can chew most foods well and is independently eating half of her meal.

Positive Social-Emotional Skills (including social relations)

Child is showing affection to Mom and Dad by giving kisses and hugs. She wants to be near adults and participates in many social games to please those adults. She will even initiate games such as peek-a-boo with caregivers.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child’s persistence and problem solving converge and child is able to unwrap a present to find a hidden treasure. She also wants to imitate siblings and adults by using a crayon to scribble in imitation.

She may now be able to name a few pictures in a book, but still wants caregiver to name the pictures. Child is gaining about one new word each week.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

By the end of the 14th month, child should be walking independently and fairly steadily throughout her environment. For those children who have been walking for a few months, they may begin to *attempt* to jump.

Child’s ability to use his hands can also be seen, as she is able to turn pages in a book and scribble with a crayon when shown what to do. Child is able to tear paper and unwrap a present.

Self Care (Feeding, Dressing & Toileting)

Child is eating a larger variety of foods and is able to chew most foods well without the fear of choking. She can finger feed herself approximately ½ of the meal. Ability to undress has continued and includes pulling off her socks.

Makes Wants and Needs Known

Child’s ability to request drink and food with gestures and 1-2 words is increasing. More sounds / word approximations accompany the gestures.

15 months

General Impression:

At 15 months, the child is entering the toddler times and is full of activity. This is a child that is generally always on the go and into everything without a sense of danger. Normal concerns for parents are electrical outlets, the child climbing furniture or running out into the street. Child is beginning to communicate more by pointing and vocalizing wants and needs. Child gets around by walking and can climb stairs on hands and knees.

Positive Social-Emotional Skills (including social relations)

Child gets anxious around strangers and instead prefers to be near caregiver. He will not yet walk around house independently even though he is capable of doing so. Child will probably use the word “no” or “stop” to assert himself and communicate his feelings to others.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is very curious. His curiosity and learning are driven by his motor skills and it may be difficult to slow him down to do fine motor tasks or “read” books. He touches everything and lacks the sense of danger for outlets or climbing to high places.

Child is beginning to show his ability to play with toys. He may even be able to play with a single toy in a variety of ways (this should be mastered by 18-20 months).

He is using jargon mixed with single words. He will point and vocalize to his caregiver what he wants, such as pointing to the pantry or refrigerator when hungry.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child walks alone throughout his environment and can easily squat down to pick up a toy without falling. Child may spend time playing in a squatting position. As the child's curiosity has grown with the ability to move about, the child will naturally attempt to go up stairs on his hands and knees. Parents may comment that the child is in constant motion.

Self Care (Feeding, Dressing & Toileting)

Child is taking a more active role in dressing by raising his arms/lifting legs to help caregiver dress him.

Makes Wants and Needs Known

Child is more specific with pointing and vocalizing to caregiver what he wants (e.g., points to pantry if hungry). He has several words (2-5) to request food items (cup, juice, cookie, eat, milk, cracker, etc.)

16 months

General Impression:

This is a time when children are really beginning to show early learning skills such as making animal sounds and pointing to a few body parts (usually face parts first). Most children imitate grown-up activities.

Positive Social-Emotional Skills (including social relations)

Child enjoys imitating grown up activities. She may pretend to talk on the phone or wipe down the table. She enjoys engaging with adults and doing activities to please caregivers.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child's ability to imitate will drive learning. She is imitating activities that Mom and Dad do (e.g., sweeping). She can use a toy in many different ways and can be seen using a simple block as a telephone or a bowl as a hat.

She can make several animal sounds recalling both the sound and matching it to the appropriate animal. She can point to all of her facial features upon request. Child has a vocabulary of 10-25 words.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child's gait is narrower now and she is able to walk and carry her toys from room to room. She is interested in going up stairs by walking with assistance from a caregiver.

Child will play with one toy in a variety of ways, as she is able to use her hands to manipulate small pieces. She may try to figure out what other ways the toy can fit together or work by changing the pieces around.

Self Care (Feeding, Dressing & Toileting)

The beginning signs of putting clothes on begin this month with the child able to put on a hat. Child will also begin to use a spoon (maximum spilling) and can hold an open cup and drink with moderate spilling.

Makes Wants and Needs Known

Vocabulary continues to increase, especially related to wants/needs.

17 months

General Impression:

At 17 months, child has many new skills including an increased vocabulary, dexterity with crayons and puzzles, and ability to use a spoon.

Positive Social-Emotional Skills (including social relations)

Child is beginning to notice other children. This is a critical point for the child to begin understanding that other people exist and there is a whole world he can interact with. His egocentricity will not fully dissipate until nearly middle childhood, but this is an early step in beginning social relationships with other children. Although parallel play dominates, he may compete for a toy with another child.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child's hand-eye coordination and problem solving skills are working together as he is able to complete simple puzzles and also imitate simple lines with a crayon. He will enjoy coloring.

Child can pick up and put away toys when asked. His vocabulary is 10-20 words.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child is beginning to do a fast walk or stiff looking run. He can climb over anything in the house that may be in his way to getting to his toys or something else he wants. He has become quite adept at completing puzzles now that he has the ability to rotate his hands/fingers to complete them.

Self Care (Feeding, Dressing & Toileting)

Child is trying to use a spoon independently, still has a significant amount of spilling (50%).

Makes Wants and Needs Known

Although child has several words, may use motor skills to go and get his own food / drink.

18 months

General Impression:

Child is spending a lot of time running, climbing and moving toys around. Child is beginning to do simple pretend play and can follow two-step directions. Temper tantrums are common. Child is eating with a spoon and no longer places toys or objects in mouth (only food).

Positive Social-Emotional Skills (including social relations)

Parallel play still dominates child's play with other children. Temper tantrums are common, especially when child is unable to communicate feelings or their play is interrupted. Child is much more independent and feels comfortable exploring the house without adults.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is beginning to do simple pretend play (i.e. feeding the doll). She will experiment with unfamiliar objects to determine what their purpose is. She only puts food items in her mouth and no longer places toys or other inedible objects in her mouth.

Child's attention and interest in books has increased and she will listen to Mom or Dad read a modified/shortened version of a story. She points to pictures when asked, "where's the" She can point to body parts beyond her facial features, name familiar objects when asked, and repeat several words upon request.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child is very active and is running now. She can move large objects and toys and may be seen pushing a chair up to the kitchen counter to get something higher than she can reach. She can walk up stairs with one hand held. She can get into adult and child sized chairs to sit down on her own.

Self Care (Feeding, Dressing & Toileting)

Child is still working on taking clothes off and can now unzip zippers, take off shoes, socks, hat and gloves. She will allow her teeth to be brushed without excessive fussing.

Independent eating is coming along as she can now spoon-feed herself with little spilling. She will hand her empty dish to parent when she is finished eating.

Makes Wants and Needs Known

Has several words, however, often uses motor skills to get own needs met

21 months

General Impression:

Child enjoys pretend play with dolls or figurines. Personality shines through all actions and he is very set in his ways, fussing when things aren't "just so." The child can now use his vocabulary to communicate 20 + words. He can now follow more complicated / multi-step directions and is often helpful to caregiver with daily tasks.

Positive Social-Emotional Skills (including social relations)

Child has a better understanding of others' feelings, as he will try to comfort others when he notices they are upset. His independence allows him to move away from Mom and sit with other familiar adults. He will also attempt to problem solve independently rather than relying on adults to do it for him. Child will exhibit varying emotions during play. Adults may hear/see verbal or physical scolding of stuffed animals/dolls in play.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is very independent and he will attempt to problem solve independent of adults. His attention has increased and he will sit and look at a book for several minutes. He can put away some of his toys/shoes. He may be very interested in small objects - bugs may be fascinating to him.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child is very interested in using his body to balance on curbs, playing in a squatting position, crawling backwards down the stairs. He is getting more skilled with his coloring and can imitate lines and copy circular scribbles.

Self Care (Feeding, Dressing & Toileting)

Child is able to independently feed himself with little spilling. He is beginning to attempt to put his shoes on and may be successful getting slip-on or sandal type shoes on. He is also beginning to notice when his diaper is wet or dirty. He may separate himself to have a BM or pull at his diaper when it is not dry.

Makes Wants and Needs Known

His language is developed enough to enable him to ask for food when hungry. He may also ask for toilet or drink. Although many of the testing tools indicate toilet training beginning at this age, it is more likely to happen after 2 years old.

24 Months

General Impression:

Child prefers to be around other children and is very interested in what they are doing. Although interested in others, she will defend her toys often saying “mine.” Child is showing more awareness of body functions.

Positive Social-Emotional Skills (including social relations)

Child has developed a strong sense of “mine” and will claim everything as her own. She may “hoard” some toys and definitely will protest them being taken from her. She is beginning to want to play with other children and may attempt to initiate play activities with them. Although sharing isn’t expected at this age, she may even be able to hand a toy to another child (assuming the toy isn’t holding too much of her interest). She certainly prefers to be around other children, showing an interest in playing with them even if she isn’t always able to initiate play activities. The child will role-play with dolls and figurines. During these play activities, she may express a wide variety of emotions, including aggression, which she is exploring and testing out.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Child is really into playing now. She is able to pretend with her dolls/figurines, as well as pretend that other household objects/toys are something other than their ordinary use (i.e. blocks are food, remote control is a telephone, etc.). Her attention span has increased dramatically and the intensity of that attention makes it sometimes difficult to transition her from activity to activity. Children at this age enjoy books, which is wonderful as this is a critical part to building vocabulary and exposure to a wider variety of objects, ideas and experiences.

At 24 months, she can say more than 50 words (more likely 100 words) and put those words together in 2 word phrases to communicate with others. Strangers should easily understand about 50% of what she says. She uses the pronouns “I,” “you,” and “me”, although she doesn’t always have complete mastery of them. She can understand prepositions, such as under, over, in and out. She can refer to herself by her name or as “I.” Her understanding of language far exceeds what she is able to express. She understands and can point to many body parts, even beyond the simplest ones.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

The intense drive for motor activities has weakened some and the child can now sit to focus on specific toys. She can turn pages of a book one page at a time, purposefully control a crayon when coloring, and do 5-7 piece puzzles.

Self Care (Feeding, Dressing & Toileting)

Child may squat, hold herself, and/or verbalize toilet needs. She may be able to take off almost all of her clothes, but will still need help with buttons. She can also pull her pants/shorts off and on which assists with toilet training.

Makes Wants and Needs Known

Child uses her language to claim ownership of her toys and personal belongings, and protests someone taking a toy from her and says “mine.”
She asks for snacks or drinks when hungry/thirsty.

27 months

General Impression:

Child is able to understand early concepts i.e. big/little. Child's natural curiosity for learning is very strong and he asks a lot of questions to learn about new things. Child may protest if there is a change in his routine – example: child normally reads a book, then brushes his teeth – reverse that order and he may resist doing it because it's not the "right" way.

Positive Social-Emotional Skills (including social relations)

By this age, the child has developed a strong sense of independence and becomes very frustrated when he is unable to complete a task without assistance. This independence also carries over into the realm of his world and impacts his rigidity around his schedule and routine. While he struggles with wanting to be independent, parents may see some instances of separation anxiety.

Child's interest in other children is continuing to grow. He will be able to offer toys to others and initiate play activities with those other children. Those play activities may not always be successful, but they are becoming more regular.

Acquisition and Use of Knowledge and Skills (including early language/communication)

During this time period, there is an explosion of "school type" learning. The child is beginning to understand concepts such as big/little. Early counting is emerging and some parents may be working on identifying letters in the child's name (though there is no expectation the child would be able to achieve this yet). The child enjoys coloring and wants to imitate "writing" to the extent that he can imitate drawing several different types of lines and a circle. He has mastered the skill of verbal imitation and will imitate words and phrases upon request with ease.

The child is still acquiring language at a rapid pace. Two word phrases dominate his communication and his vocabulary is 75+ words.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child can build large towers with wooden and with interlocking blocks - loves to build and knock down. He can easily manipulate small toys.

Self Care (Feeding, Dressing & Toileting)

Child can undress himself almost completely – may change clothes several times a day simply because he can. He can begin to follow social/health rules i.e. sneezing into his elbow. If snacks are kept in lower cabinets, he can go and get own snacks/cereal.

Makes Wants and Needs Known

Child has the language skills to request all needs related to hunger and thirst. May opt to just "do it himself" rather than request verbally.

30 months

General Impression:

This a time when parents may be beginning to look at preschool programs. Many children are able to name their friends, identify one or two colors correctly, and understand social rules. Child loves routines and still becomes upset when they are altered, or when things are not done “correctly” – as perceived by the child.

Positive Social-Emotional Skills (including social relations)

Child has a very set routine – she loves her routine and does not have the flexibility to immediately accept changes to this routine (she may fuss or protest, but will be able to move beyond the change). She is keen on things being done correctly – of course, “correct” is how she defines it and wants it to be. She is becoming more social and will even ask for a friend by name. She is starting to understand social rules, i.e. dessert comes after dinner.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Additional preschool skills are emerging. Child can match primary colors and may be able to name one or two colors correctly; depending upon the exposure and experiences she has had with these tasks. She can give her first and last name and also the names of some of her friends and teachers. She can look at pictures or objects and tell what they are used for – items such as keys, money, and shoes. The child will tell parents that something is “broken” when it doesn’t give the child the expected effects.

The child’s language is exploding into simple sentences using 100+ words. Her mastery of spoken language includes the ability to make words plural and even using some early action/ – ing words.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Ability to hold crayons and pencils has developed to a more mature grasp and away from holding them in her fist. Child will help to pick up and carry toys to put them away. She may enjoy helping parents unpack groceries or other “heavy” items.

Self Care (Feeding, Dressing & Toileting)

Child will begin to use a fork, brush her own teeth and dry her own hands after washing them. She may be able to put on a piece of clothing independently.

Makes Wants and Needs Known

Child can ask in two to three word sentences for food/drink items. May also tell what should be given for specific meals according to her regular routine.

33 months

General Impression:

Child is beginning to participate in associative play behaviors (several children playing together, interacting, in a loosely organized manner). He is beginning to accept routine changes without the intense resistance.

Positive Social-Emotional Skills (including social relations)

Child is becoming truly social now. He has associative play skills with friends and participates in simple conversations with both caregivers and peers. He can point himself out in pictures along with other close family members and friends.

Acquisition and Use of Knowledge and Skills (including early language/communication)

Around this age, it is easier to assess what a child knows and understands since their language has progressed so dramatically. The child can be heard telling caregivers about events that have happened in the past, although their concept of time is not yet fully developed. He is using 3-4 word sentences with a clarity of speech that is about 75% understandable by strangers. He is still very curious and asks a number of questions each day. His questions are becoming more complex and include “why” questions about items in his daily life.

Ability to Take Actions to Get Needs Met

Controls Body to Get Wants and Needs Met

Child can now go up and down stairs with alternating feet. He can control his hands and draw circles and other lines without demonstration.

Self Care (Feeding, Dressing & Toileting)

Child is much more independent in the self-care area. He may be toilet trained during the day; he can dress (with supervision) most items and can even put on a coat. He can follow multi-step directions, which involve his self-care (i.e. go to the bathroom, get your toothbrush and bring it to Mommy)

Makes Wants and Needs Known

Expresses hunger and thirst verbally with ease.

36 months

General Impression:

Child is frequently asking questions such as “why” and “where.” Child can put on her own shoes and feed herself without any difficulty. Child is participating in singing songs and nursery rhymes.

Positive Social-Emotional Skills (including social relations)

Child engages in simple group games (e.g., “Ring Around the Rosey”) with adult help. She will join in nursery rhymes and songs. She will talk about her interests and feelings. She will have friends and will enjoy playing with them (associative play).

Acquisition and Use of Knowledge and Skills (including early language/communication)

The child’s preschool / school readiness skills are continuing to blossom. She answers correctly to “Are you a boy or a girl?” She understands several prepositions. She enjoys pretending to play different characters with a friend or caregiver. She will make her dolls or action figures talk and move around. She asks many questions and can correctly answer “what,” “where,” and “who” questions.

Ability to Take Actions to Get Needs Met

Mobility and Use of Hands to Play

Her ability to go up and down stairs has improved to the point of using alternating feet. She can hop on one foot for a couple of hops. She can use scissors to cut a piece of paper from one side to the other.

Self Care (Feeding, Dressing & Toileting)

Child is gaining more skills and can pour a drink from a pitcher into a cup. She puts on her shoes (cannot yet tie them); undresses completely without help and can unbutton front buttons. She feeds herself without any difficulty.

Expressing Needs (Hunger and Thirst)

She has all the verbal skills necessary to indicate her needs related to hunger and thirst.

References

American Academy of Pediatrics. (2007). Caring for Your Baby and Young Child: Birth to Age 5. Retrieved April 24, 2007 from <http://www.aap.org/pubed/ZZZGRZVEH4C.htm>.

Virginia's Early Childhood Development Alignment Project. (2007). Competencies for Early Childhood Professionals. Richmond: Author

Virginia's Early Childhood Development Alignment Project. (2007). Milestones of Child Development: A Guide to Young Children's Learning and Development from Birth to Kindergarten. Richmond: Author

Discovery Health. (2005). Child Development Timeline. Retrieved April 24, 2007 from http://health.discovery.com/centers/kids/timeline/timeline_02.html.

Greenspan, S., Prizant, B., Wetherby, A. & First Signs, Inc. (2004). Hallmark Developmental Milestones. Retrieved April 24, 2007 from <http://www.firstsigns.org/healthydev/milestones.htm>

Hawaii Early Learning Profile; HELP Strands. Curriculum-Based Developmental Assessment – Birth to Three years – 1992-2004

Shelov M.D., Steven P. and Hannenmann M.D., Robert E (2005) AAP: Caring for Your Baby and Young Child: Birth to Age 5. Bantam Books

The Early Learning Accomplishment Profile – Birth to 36 months, Chapel Hill Training-Outreach Project, Inc.

University of Maryland Medical Center. (2006). Developmental Milestones. Retrieved April 24, 2007 from <http://www.emm.edu/ency/article/002006.htm>